WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

11020

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1003~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3053

City St Louis (No. Southern Hospital St. ..... Ward)

2. FULL NAME Grace E Hluzek

(a) Residence. No. House Springs Mo St., 16 Ward. House Spr's Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis J Hluzek

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 26 1902

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	27	5	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House House Work
(b) General nature of industry, business, or establishment in which employed (or employer) ——
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) House Springs Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Ferdinand Weber
11. BIRTHPLACE OF FATHER (CITY OR TOWN) House Springs Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Grace Cromwell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) House Springs Mo
(STATE OR COUNTRY)

14. INFORMANT Louis J. Hluzek
(Address) House Springs Mo

15. FILED ..... 26 1930 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 25 1930

17. I HEREBY CERTIFY, That I attended deceased from March 23, 1930, to March 25, 1930 that I last saw her alive on March 24, 1930 and that death occurred, on the date stated above, at 7:10 a.m.

121A THE CAUSE OF DEATH* WAS AS FOLLOWS:

129 General Peritonitis

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) Gangrenous Appendicitis

(duration) ..... yrs. ..... mos. 8 ds.

1170

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH House Springs Mo

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy Findings

(Signed) A. L. Heeter, M. D.

3/25, 1930 (Address) 3608 S Grand.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St Philomena Church House Springs Mo	March 28 1930

20. UNDERTAKER	ADDRESS
John G Koch	Fenton Mo